

IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

SECOND APPELLATE DISTRICT, DIVISION _____

<i>Plaintiff and</i> _____	
v.	

<i>Defendant and</i> _____	

Appeal No. _____

Super. Ct. No. _____

APPLICATION FOR EXTENSION OF TIME

1. To file _____ to _____ Total days: ()

(Document Name) (Date)

2. I need more time for the following reason(s) (*specify*):

I declare under penalty of perjury that the foregoing is true and correct. Executed at _____, California, on _____, 20__.

(TYPE OR PRINT NAME)_____
(SIGNATURE)

Bar No.: _____

Phone No.: _____

		Vol./Pgs.		Vol./Pgs.	Date Filed
Record Size:	Appendix/CT:	_____	RT:	_____	_____
	Augmentation	CT: _____	RT:	_____	_____
					Date Filed
Briefs Filed:			AOB	_____	
			RB	_____	
Number of Previous Extension Requests		Number	Date	Total Number of Days	
		_____	To	_____	()

Were any previous extension grants marked "no further"? (Yes or No)

EXTENSION OF TIME IS:

☐ Granted to _____

☐ Denied

Date: _____

(SIGNATURE OF PRESIDING JUSTICE)

PROOF OF SERVICE (Court of Appeal)
Mail, Electronic Service or Personal Service

Case Name:
 Court of Appeal Case Number:
 Superior Court Case Number:

1. At the time of service I was at least 18 years of age and **not a party to this legal action**.

2. My ☐ residence ☐ business address is *(specify)*:

My electronic service address is:

3. I mailed, electronically served or personally delivered a copy of the **Application for Extension of Time** as indicated below *(complete either a, b or c)*:

- a. ☐ **Mail.** I mailed a copy of the document identified above as follows:
- b. ☐ **Electronic service.** I electronically served a copy of the document identified above as follows:
- c. ☐ **Personal delivery.** I personally delivered a copy of the document identified above as follows:

Date mailed, electronically served or personally served:

(1) Name of Person served:

On behalf of *(name or names of parties represented, if person serviced is an attorney)*:

(a) Address:

(b) E-Mail Address:

(2) Name of Person served:

On behalf of *(name or names of parties represented, if person serviced is an attorney)*:

(a) Address:

(b) E-Mail Address:

(3) Name of Person served:

On behalf of *(name or names of parties represented, if person serviced is an attorney)*:

(a) Address:

(b) E-Mail Address:

4. I am a resident of or employed in the county where the mailing occurred. The document was served from *(city and state)*:

☐ Additional persons served are listed on the attached page *(See page 3)*.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 (TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

 (SIGNATURE OF PERSON COMPLETING THIS FORM)

Case Name:
Court of Appeal Case Number:
Superior Court Case Number:

(4) Name of Person served:

On behalf of *(name or names of parties represented, if person serviced is an attorney)*:

(a) Address:

(b) E-Mail Address:

(5) Name of Person served:

On behalf of *(name or names of parties represented, if person serviced is an attorney)*:

(a) Address:

(b) E-Mail Address:

(6) Name of Person served:

On behalf of *(name or names of parties represented, if person serviced is an attorney)*:

(a) Address:

(b) E-Mail Address:

(7) Name of Person served:

On behalf of *(name or names of parties represented, if person serviced is an attorney)*:

(a) Address:

(b) E-Mail Address:

(8) Name of Person served:

On behalf of *(name or names of parties represented, if person serviced is an attorney)*:

(a) Address:

(b) E-Mail Address: